

Natural Gas Well Completion Two Day Notification

E-mail to: DEPOilandGasSector@wv.gov

New Source Performance Standards for Crude Oil and Natural Gas Production,
Transmission and Distribution "NSPS OOOO"

SECTION I: GENERAL INFORMATION

Owner or Operator Name		Division of Air Quality ID Number (If Available)
Street Address		
City	State	ZIP Code
Facility Local Contact Name	E-Mail	Telephone Number
Signature		Date

SECTION II: SOURCE DESCRIPTION

1. Please check the proposed well flowback compliance option:

- | | |
|---|---|
| <input type="checkbox"/> Route flowback gas to a completion combustion device | <input type="checkbox"/> Use on-site as a fuel source; |
| <input type="checkbox"/> Reinject into the well or another well | <input type="checkbox"/> Route flowback gas to a salable gas pipeline |
| <input type="checkbox"/> Other _____ | |

2. Please complete the table below for each affected source per §60.5365.

API Number	Farm Name and Well Number	Latitude & Longitude Coordinates (NAD83, Decimal Degrees to 5 digits)	Planned date of the beginning of "Flowback"	Anticipated date of well completion

[Add rows to the table for additional wells, as necessary]